2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# P07000055871

Entity Name: VOYAGE NURSING, INC.

Current Principal Place of Business:

390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

Current Mailing Address:

390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

New Mailing Address:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

FEI Number: 26-1982971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSON, GARY D ESQ
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Change (X) Addition
Name: LIPSON, GARY D
Address: 390 NORTH ORANGE AVENUE, SUITE 1500
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D LIPSON P 02/20/2008

Electronic Signature of Signing Officer or Director — Date